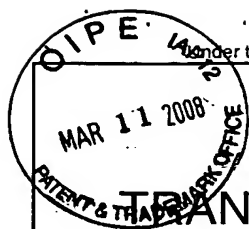


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/552,652	
Confirmation Number		
Filing Date	with an effective filing date of April 8, 2004	
First Named Inventor	Eric Joseph HARVISON and David William SAMES	
Group Art Unit	2612	
Examiner Name	Kerri L. McNally	Fax: (571) 273-8300
Total No. of Pages in this Submission: 18	Attorney Docket Number	COLGRA P59AUS

## ENCLOSURES (check all that apply)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Fee Transmittal Form             <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Fee attached - Check \$680.00</li> </ul> </li> <li><input checked="" type="checkbox"/> Response - 15pgs             <ul style="list-style-type: none"> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> </ul> </li> <li><input checked="" type="checkbox"/> Extension of Time Request (in Duplicate)</li> <li><input type="checkbox"/> Express Abandonment Request</li> <li><input type="checkbox"/> Information Disclosure Stmt</li> <li><input type="checkbox"/> Certified Copy of Priority Document(s)</li> <li><input type="checkbox"/> Response to Missing Part/s Incomplete Application             <ul style="list-style-type: none"> <li><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Assignment papers (for an Application)</li> <li><input type="checkbox"/> Drawing(s)</li> <li><input type="checkbox"/> Licensing-related Papers</li> <li><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)</li> <li><input type="checkbox"/> To Convert a Provisional Petition</li> <li><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</li> <li><input type="checkbox"/> Terminal Disclaimer</li> <li><input type="checkbox"/> Small Entity Statement</li> <li><input type="checkbox"/> Request for Refund</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> After Allowance Communication to Group</li> <li><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</li> <li><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</li> <li><input type="checkbox"/> Proprietary Information</li> <li><input type="checkbox"/> Status Letter</li> <li><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br/><br/>Postcard</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Scott A. Daniels DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 42,462 CUSTOMER NO. 020210
Signature		
Date	March 6, 2008	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 6, 2008.

Signature		Date: March 6, 2008 (aag)
-----------	--	---------------------------